ALABAMA MEDICAID AGENCY
RFP 2007-TFQ-01 RFP AMENDMENT #1
Issued July 19, 2007

This amendment is being issued to amend the following sections of the above referenced RFP released June 28, 2007. The Vendor should include a signed copy of this amendment cover page with their submitted proposal.

Sections Amended:
1. Pricing Schedule 1 – revised to remove the "may not exceed" column. This change will allow vendors to indicate their % of total for each line item cost comparative to the overall firm and fixed price.
2. Pricing Schedule 2 – revised to clarify for which components the Vendor should submit cost information.
3. Page 47, Section XIII.T, Multiple Proposals – has been deleted
4. Page 63, Section XV.MM, Ownership – has been revised to read as follows:
   The Contractor agrees that in conjunction with 45 CFR 92.34, the State and HHS reserve a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the products developed under this contract, and to authorize others to do so for State of Alabama or Federal Government purposes.
5. Page 35, Section F, last bullet: Chart removed and replaced with revised statement: EMR Systems (chosen through pilot survey) – Integration (push/pull capability)
6. Page 34, Schedule of Deliverables, Events: Added the date of May 1, 2008 for Inclusion of medium priority elements for the ECST
7. Appendix D – to ensure that all elements of the ECST are defined. The last page of Appendix D was omitted in the 6/28/07 RFP release.

Please initial indicating that you have reviewed the following: Vendor Pre-Conference Questions posted 7/19/07; Vendor Conference Questions posted 7/19/07 and Vendor Follow-Up Questions posted 7/19/07. _____

Vendor Name: _____

Signed: _____ **Date:** _____

Pricing Schedule 1: Firm and Fixed Costs

Fixed costs effective through September 30, 2009		
Company:		Date:
Authorized Signature:		

	Deliverable/Event	Fixed Cost	Percent of Total Implementation Cost	% of Total*
C	Submission of Final Project Plan			5%
D	ALAHIS Operating Environment Development			
E	HHS Interoperability Resolution			
F	Data Integration Solutions			
G	Development of Clinical Tool (ECST)			
H	Initial Version of HIS, including ECST			
I	Unit and Integration Testing			
J	Submission of Training Materials			5%
K	End User Training			5%
L	Implementation of Pilot Test			
M	Interface with HHS Agency			
	Total Cost for Implementation			

N	Ongoing Support/Maintenance 3/08-9/30/09	

Total Firm and Fixed Price

NOTE: Alpha characters refer to specific deliverables described in Section IX.

*For certain components, the State is limiting the % allocated to the total. Otherwise, the Vendor is to indicate the % of total.

Pricing Schedule 2: Hardware and Software

Manufacturer's Name, Model, Version, etc.	Proprietary (Y/N)	If Proprietary, indicate cost	Purpose
Hardware			
Software			

The State desires and encourages that proposals be submitted on recycled paper . While the appearance of proposals and professional presentation is important, the use of non-recyclable or non-recycled glossy paper is discouraged.

S. Failure to Comply with Instructions

The State may deem non-responsive, and thus disqualify from further consideration, any proposal that does not follow the instructions set out in this RFP or is missing any requested information.

~~T. Multiple Proposals~~

~~Vendors may only participate in a single proposal in response to this RFP, either as prime contractor or subcontractor. If multiple proposals are received in which a Vendor is proposed as either prime or subcontractor, all proposals including said Vendor will be deemed non-responsive and excluded from consideration.~~

U. Price Sheets

Vendors must respond to this RFP by utilizing the Vendor Price Sheets found in Appendix G. These price sheets will be used as the primary representation of each Vendor's cost/price and will be used extensively during proposal evaluations. Additional information should be included as necessary to explain in detail the Vendor's cost/price.

V. Submission of Proposals

Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to TFQ-2007-01. Proposals must be sent to the attention of the Project Director and received at the Agency as specified in the Schedule of Events. It is the responsibility of the Vendor to ensure receipt of the Proposal by the date specified in the Schedule of Events.

W. Copies Required

Vendors must submit one original Proposal with original signatures in ink and 15 hard copies, plus one electronic (Word format) copy of the Proposal on CD, jumpdrive or disc clearly labeled with the Vendor name.

Facsimile or electronic responses to requests for proposals will NOT be accepted.

X. Late Proposals

Regardless of cause, late proposals will not be accepted and will automatically be disqualified from further consideration. It shall be the Vendor's sole risk to assure delivery at the Agency by the designated time. Late proposals will not be opened and may be returned to the Vendor at the expense of the Vendor or destroyed if requested.

LL. Debarment

Contractor hereby certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency. (Appendix H)

MM. Ownership

The Contractor agrees that in conjunction with 45 CFR ~~95.617(a, b),~~ <u>92.34</u>, the State and ~~ALMA~~ <u>HHS</u> reserve a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the products developed under this contract, and to authorize others to do so <u>for the State of Alabama or Federal Government purposes.</u>

NN. Not to Constitute a Debt of the State

Under no circumstances shall any commitments by Medicaid constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, <u>Constitution of Alabama of 1901</u>, as amended by Amendment 26. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this agreement shall be limited to the filing of a claim against Medicaid with the Board of Adjustment for the State of Alabama.

OO. Alternative Dispute Resolution

For any and all disputes arising under the terms of this contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation by and through the Attorney General's Office of Administrative Hearings or where appropriate, private mediators.

C. Submission of Final Project Plan

The Project Work Plan should describe in detail how the project will be managed to successful completion. The plan should detail project organization, staff roles and responsibilities, project objectives, and stakeholder involvement.

- Project Work Plan
- Project Schedule
- Project Staffing Plan Project
- Risk Management Plan
- Workspace and Facilities Plan
- Communications Plan
- Knowledge Transfer Strategy and Plan

D. ALAHIS Operating Environment Databases

Vendor shall have all the specifications necessary to build the interfaces between the existing databases and patient data hub.

E. HHS Interoperability Resolution

Vendor shall have all the specifications and data element defined to establish the interface.

F. ALAHIS Data Integration Solutions

- Immunization Data
- Demographic, Claims, and Lab Data
- Online Disaster Network
- Emergency Patient Information
- AIMS
- Pharmacy Prior Authorization
- Health Records for Uninsured Individuals
- EMR systems (chosen through pilot survey) - Integration (push/pull capability) ~~at a minimum with the following~~

~~EHS~~	~~Encite/Medisys~~
~~Medformatix~~	~~CPSI~~
~~MdSoft~~	~~GE~~
~~SOAPWare (Soap Notes)~~	~~DocWorks®~~
~~MiSys~~	

IX. IMPLEMENTATION SCHEDULE/DELIVERABLES

A. Schedule of Deliverables
The following Schedule of Deliverables represents the State's anticipated completion of activities through the course of the Project. Vendor's response should acknowledge understanding of the dates and the Project Plan should provide a complete listing of tasks necessary to complete each deliverable. Failure to meet deliverable dates shall result in the imposition of liquidated damages as described in Section XV.GG. Tasks associated with each deliverable are further described in the sections below.

Vendor is required to submit deliverables for approval five (5) business days prior to due date.

Vendor shall invoice the State based on key deliverables as delineated on the Pricing Sheet in Appendix G. Contractor shall submit to Medicaid a detailed invoice for compensation for the deliverable and/or work performed. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation.

EVENT	DATE
Vendor Meeting with State Staff/Stakeholders (B)....……………………………………9/19/07	
Submission of Final Project Plan (C)..…………………………………………...9/21/07	
ALAHIS Operating Environment Development (D)…......……………..……………10/05/07	
HHS Interoperability Resolution (E)………….…………………………………………10/12/07	
Data Integration Solutions (F) ……………………………………………………..11/06/07	
Development of Clinical Tool (ECST) (G)…..……………….……………..……..12/03/07	
Initial Version of HIS, including ECST (H)….………………………….……………12/10/07	
Unit and Integration Testing (I).……………….……………….………completed by 2/04/07	
Submission of Training Materials (J)…..…………….……………………………..1/07/07	
End User Training (K)…..……………………………………………..2/01/08-2/29/08	
Implementation of Pilot Test (L)…..……………………………………………3/01/08	
Implementation of Medium Elements on ECST …………………………….....5/01/08	
Interface with HHS Agency (M)….…………………………………………..5/01/08	
Ongoing Support/Maintenance (N)..……………………………………………3/08 – 9/08	

B. Vendor Meeting
The purpose of this meeting will be to ensure a clear and concise understanding of the project scope and timeframes. It is anticipated that the Vendor will make a presentation to the Stakeholders Council regarding the Vendor and its proposed solution.

APPENDIX D: DATA ELEMENTS FOR THE ECST

Note: The following table lists variables that the ALMA would like to see included in the Electronic Clinical Support Tool (ECST). These data elements are needed for provider use, for Agency quality measurement and for use in generating a public health surveillance database in later phases of the process. It is the ALMA's desire that **all** data elements indicated below be included but in case inclusion of all variables of interest is not feasible, the "Priority" column distinguishes between variables deemed to be of high priority and those deemed to be of medium priority. There are several general requirements; elements should be sortable, provider entered elements are not required; fields with no information should autopopulate with default values, inactive diagnoses should be suppressed unless more history is requested, procedures should display the 10 most recent chronologically but allow expansion or the ability to review more of the history and items identified as "modifiable" should have default set as suppressed unless activated.

| Category | Element | Priority | | Comments | Source of Data |
		High	Medium		
Demographics	SSN		X	For an aggregated database, SSN would be useful only if legislation permitting its use for linking records were in place. Even if such legislation were in place, SSN alone would not be sufficient for linking records.	InfoSolutions®
	DOB	X		Needed to help assure unduplicated counts of individuals & to calculate age.	InfoSolutions®
	DOD		X	Significant delays occur in obtaining this information. Providers should be allowed to enter this information but it should not become part of the permanent record until verified by ALMA..	Provider Entered
	First, middle, & last name	X		Needed initially to help assure unduplicated counts of individuals	InfoSolutions®
	Gender	X			InfoSolutions®
	State	X			InfoSolutions®
	Race	X			InfoSolutions®
	Marital status		X		InfoSolutions®
	Primary, secondary, & tertiary	X			InfoSolutions®

Category	Element	Priority		Comments	Source of Data
		High	Medium		
	insurance info				
	County of Residence	X			InfoSolutions®
	Emergency contact information	X			BCBS of Alabama EPI System
	Phone number(s); home, work, cell	X			InfoSolutions®
	Scanned image of drivers license, insurance cards		X		InfoSolutions®
	Photograph of patient		X		InfoSolutions®
Medications	Date Ordered	X		Captured only when ePrescribing is used to order medications.	
	Date filled	X			InfoSolutions®
	Drug name	X			InfoSolutions®
	Strength	X			InfoSolutions®
	Dosing	X			InfoSolutions®
	Quantity	X			InfoSolutions®
	Prescriber	X			InfoSolutions®
	Package/Dosing Form	X			InfoSolutions®
	Number of Refills	X			InfoSolutions®
	Pharmacy Name	X			InfoSolutions®
	Diagnosis	X		Any kind of diagnosis—whether in the form of ICD-9 codes, ICD-10 codes, or SNOMED with a description in words—is of high priority for **ALL** records, regardless of type of visit or claim and not just the codes for the diseases of focus. System must be able to map one terminology to another. Allow medication specific diagnoses to be	InfoSolutions®

Category	Element	Priority		Comments	Source of Data
		High	**Medium**		
				entered (when available) by the prescriber or pharmacy.	
Problems/Symptoms/ Diagnoses	Date	X		Allows the recording of chief complaint and additional problems with 'Inactive' and 'Active' status noted. Display 'Active' and allow 'Inactive' to be pulled up upon request.	Provider Entered
	Problem / symptom	X		Include ICD-9 codes when appropriate/available	Provider Entered
Vital signs	Date	X			Provider Entered
	BP, Pulse, Resp, Weight, Height, Head Circumference, Waist Circumference	X		**Modifiable** by provider and sortable so that some items are not displayed e.g. head circumference for adults and waist circumference for children. Calculates BMI automatically when required information is entered whether kilograms/pounds or centimeters/inches entered.	Provider Entered
Social history	Tobacco, Alcohol, other substance use (indicate years of use)	X			Provider Entered
	Children		X		Provider Entered
	Occupation		X		Provider Entered
	Marital Status		X		Provider Entered
	Religion		X		Provider Entered
	Education		X		Provider Entered
Family History	Father		X	Age (if deceased age at time of	Provider Entered

Category	Element	Priority		Comments	Source of Data
		High	**Medium**		
				death), cause of death, major illnesses	
	Mother		X	Age (if deceased age at time of death), cause of death, major illnesses	Provider Entered
	Siblings		X	Age(s) (if deceased age at time of death), cause of death, major illnesses	Provider Entered
	Grandparents Maternal Paternal		X	Age (if deceased age at time of death), cause of death, major illnesses	Provider Entered
	Children		X	Age (if deceased age at time of death), cause of death, major illnesses	Provider Entered
	Congenital disorders		X	Condition,	Provider Entered
	Allergies or asthma		X	Agent and reaction type	Provider Entered
	Cancer		X	List each occurrence and Location, Type (if known) and relationship (maternal aunt, 1st cousin, etc.)	Provider Entered
	Mental illness		X	Condition, relationship	Provider Entered

Category	Element	Priority		Comments	
		High	**Medium**		
Procedures	Date	X			InfoSolutions®
	Procedure description	X			InfoSolutions®
	Results		X		InfoSolutions®
	Proc code qualifier		X		InfoSolutions®
	Proc code	X		Any procedure code not captured in the	InfoSolutions®

Category	Element	Priority High	Priority Medium	Comments	
				E/M, Lab and Radiology ranges including HCPCS codes.	
Immunizations	Admin date	X			IMMPrint Registry
	Description	X			IMMPrint Registry
	# in series	X		This would not need to be an original element, but should be derived through programming.	
	CPT code	X			IMMPrint Registry
	"Med Not Given"		X	Include ability to indicate that an immunization is not given and the reason not given.	IMMPrint Registry
	ICD-9	X		ICD-9 and a field to allow for ICD-10 codes are of high priority for ALL records, regardless of the type of visit or claim.	IMMPrint Registry
Allergies and Adverse Reactions	Agent(s)	X		Drugs, foods and other agents	Provider Entered
	Record date		X		Provider Entered
	Reaction		X		Provider Entered
	Status		X		Provider Entered
	Reaction 2, 3, etc		X		Provider Entered
	Status date		X		Provider Entered

Category	Element	Priority		Comments	
		High	Medium		

Inpatient Hospital stay	Date	X			InfoSolutions®
	Hospital name	X			InfoSolutions®
	Diagnosis - D	X		Any kind of diagnosis—whether in the form of ICD-9 codes, ICD-10 codes, and a description in words—is of high priority for ALL records, regardless	InfoSolutions®

				of type of visit or claim.	
	Procedure - P	X			InfoSolutions®
	Discharge Summary		X		Provider Entered
	Plan Codes		X		